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Image# 14970768576

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									(Office Use	Only	
1.	NAME OF COMMITTEE (in		PE OR P	RINT ▼		mple: If typi r the lines.	ng, type	12FE	4M5			
K	indred Health	care, Inc.	PAC									1
AD	DRESS (number and	d street)	680 S. Fo	urth St.								
ř	Check if diffe											
ŀ	than previous reported. (AC	sly C) _	Louisville			1 1 1 1		KY L		40202		
2.	FEC IDENTIFICA	ATION NUM	BER ▼		CITY 🛦		5	STATE A	<u> </u>	Z	IP COE	DE 🛦
	C C0024227	1			3. IS THIS REPORT		NEW (N) OR		AMEI (A)	NDED		
4.	TYPE OF REP (Choose One)	ORT	(b) Mont	ort	Feb 20 (M2)		May 20 (M5)		Aug 20	(M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Rep	orts:	Due	On:	Mar 20 (M3)		Jun 20 (M6)	×	Sep 20	(M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)		Jul 20 (M7)		Oct 20	(M10)		Jan 31 (YE)
	April 15 Quarterly	Report (Q1)	(c)	12-Day	П	Primary (12F	P)	Gei	neral (12	2G)	П	Runoff (12R)
	July 15 Quarterly	Report (Q2)	(Q2) PRE-Election Report for the: Convention (12C) Special (12S)									, ,
	October	15 Report (Q3)		Report for the	ne:	Convention	(120)	Spe	eciai (12	5)		
	January			E	Election on	M = M /	D D /	Y I Y I	Y		in the State of	
	July 31 I Report (I Year Onl	Non-election	(d)	30-Day		General (300	G)	Rui	noff (30F	₹)		Special (30S)
	Terminati (TER)	on Report		Report for t	ne:	M = M /	D = D /	Y Y Y	Y		in the	
	(1211)			E	Election on						State of	
5.	Covering Period	M M M 08	01		014	through	08	/ D 31	D /	y y 2014	Y Y Y	
l ce	ertify that I have ex	amined this	Report ar	nd to the be	est of my kno	wledge and	belief it is tru	e, corre	ct and c	complete).	
	pe or Print Name o		Hank Rob									
Sia	nature of Treasure	. Hank Ro	binson			[Electronicall	y Filed] 🛛	ate	M M M	/ D 15	D /	2014
- : 3												
NO.	TE: Submission of fa	alse, erroneou	ıs, or inco	mplete infor	mation may su	bject the per	son signing th	is Repor	t to the	penalties	s of 2 U	.S.C. §437g.
	Office Use									FEC		
	_ Only									Re	v. 12/20	

	FEC Form 3X (Rev. 02/2003) Trite or Type Committee Name		Page 2
	Kindred Healthcare, Inc. PAC		
R	eport Covering the Period: From: 08	01 2014 To	: 08 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		90947.97
	(b) Cash on Hand at Beginning of Reporting Period	58081.27	
	(c) Total Receipts (from Line 19)	8766.94	103900.24
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66848.21	194848.21
7.	Total Disbursements (from Line 31)	1000.00	129000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65848.21	65848.21
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
×	This committee has qualified as a multicand	idate committee. (see FEC FORM 1M)	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kindred Healtl	ncare, Inc.	PAC
----------------	-------------	-----

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	7100.00	74027.00
(i) Itemized (use Schedule A)	7169.80	74637.60
(ii) 11-itid	1495.00	29150.50
(ii) Unitemized(iii) TOTAL (add	1485.00	29130.30
Lines 11(a)(i) and (ii)	8654.80	103788.10
Lines Tr(a)(i) and (ii)	, , , , , , , , , , , , , , , , , , , ,	7
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	8654.80	103788.10
Totals to Line 33, page 5)	0004.00	100700.10
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		, , , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		
Political Committees	112.14	112.14
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
, ,	7	2.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2) 2000 1 4000 (1000 2000 100)	7	7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	8766.94	103900.2
. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ▶	8766.94	103900.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Cilou	Calelidal Teat-10-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	0.00	0.00			
Expenditures	0.00	0.00			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	0.00	128000.00			
Independent Expenditures	0.00	0.00			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use scriedule 1)		0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	0.00	0.00			
(1) B. I'' - I B. I. C 'I'	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
(00011 00 17100)					
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
Other Disbursements	1000.00	1000.00			
Fodoval Floation Astinity (0.11.C.C. \$401/00\)					
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
()					
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely					
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add	0.00	2.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	129000.00			
	1000.00	129000.00			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	1000.00	129000.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8654.80	103788.10
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8654.80	103788.10
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

	FOR	R LINE	NU	IMBER	:	PAGE	=	6	OF	35
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,g.		13		14		15		16	Г	717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) David R Windhorst Date of Receipt Mailing Address 2000 Spring Farms Road 31 2014 City Zip Code State Transaction ID: PR1094185035103 IN Floyds Knobs 47119-9722 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation VP Financial Systems Dev Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 680.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence I Wolf Date of Receipt Mailing Address 4721 N Clark Street #3S 08 31 2014 City State Zip Code Transaction ID: PR1094185135103 IL 60640-7553 Chicago Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Health Info Tech Strateg Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Katheryn J Markham Date of Receipt Mailing Address 10602 Taylor Farm Ct 80 31 2014 City State Zip Code Transaction ID: PR1094185635103 KY Prospect 40059-9580 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation VP IS Plan & Field Svcs Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 850.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: **PAGE** 7 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Catherine A Gooch Date of Receipt Mailing Address 14516 Clear Meadow Court 2014 31 City Zip Code State Transaction ID: PR1094185935103 Louisville KY 40245-5264 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Sr Dir Fin Systems Dev Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick J Gillenwater Date of Receipt Mailing Address 402 Erin Drive 08 31 2014 City State Zip Code Transaction ID: PR1094186435103 IN Jeffersonville 47130-5290 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Dir IS Administration Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.50 Bi-Weekly) 297.50 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Wardrip Date of Receipt Mailing Address 2805 Chestnut Ridge Place 80 31 2014 City Zip Code State Transaction ID: PR1094187935103 KY Louisville 40245-5307 Amount of Each Receipt this Period FEC ID number of contributing 90.00 С federal political committee. Name of Employer Occupation SVP & Chief Tech Officer Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) 765.00 Other (specify) 165.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF 35 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC										
Full Name (Last, First, Middle Initial) A. Stephen M Dobler			Date of Receipt							
Mailing Address 1106 Holly Springs Drive			08 31 2014							
City Louisville	State KY	Zip Code 40242-7771	Transaction ID : PR1094188035103							
FEC ID number of contributing federal political committee.	С	102.72	Amount of Each Receipt this Period 200.00							
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	11 15 1 110	nce & Admin Year-to-Date ▼ 1700.00	P/R Deduction (\$100.00 Bi-Weekly)							
Full Name (Last, First, Middle Initial) Terry Carrico			Date of Receipt							
Mailing Address 3011 Wolf Lair Court			08 31 2014							
City New Albany	State IN	Zip Code 47150-9587	Transaction ID : PR1094188235103 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Clin S	Systems Devlp								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)							
Full Name (Last, First, Middle Initial) C. Martin Ardron			Date of Receipt							
Mailing Address 41 La Sierra Dr.			08 31 2014							
City Phillips Ranch	State CA	Zip Code 91766-4703	Transaction ID : PR1094189135103 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		200.00							
Name of Employer	Occupation									
Kindred Healthcare Inc.	DVP HD									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1700.00	P/R Deduction (\$100.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		440.00							
TOTAL This Period (last page this line num	ber only)	······								

FOR LINE NUMBER: **PAGE** 9 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Jan Turk Date of Receipt Mailing Address 1314 Amelia St. 2014 31 City State Zip Code Transaction ID: PR1094190035103 **New Orleans** LA 70115-3617 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Resource CEO HD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Larry Foster Date of Receipt Mailing Address 1134 W. Granville Avenue Unit 815 08 31 2014 City State Zip Code Transaction ID: PR1094190335103 IL 60660-5049 Chicago Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Chief Executive Off III Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 425.00 Other (specify) Full Name (Last, First, Middle Initial) c. Theodore Welding Date of Receipt Mailing Address 2448 Middle River Dr. 80 31 2014 City State Zip Code Transaction ID: PR1094191335103 FL Ft Lauderdale 33305-2729 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Market CEO III HD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 400.00 Other (specify) 115.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

SCHEDULE A (FEC Form 3X)

	FO	R LINE	NU	MBER	:	PAGE	•	10 OF	=	35
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,		13		14		15		16		17

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Sean R Muldoon Date of Receipt Mailing Address 239 Fairfax Avenue 31 2014 City State Zip Code Transaction ID: PR1094192235103 KY 40207-3856 Louisville Amount of Each Receipt this Period FEC ID number of contributing 380.00 federal political committee. Name of Employer Occupation SVP & Chief Med Off HD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$190.00 Bi-Weekly) 1520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Deborah R Doddridge Date of Receipt Mailing Address 312 Hill Street NW 08 31 2014 City State Zip Code Transaction ID: PR1094193035103 IN Depauw 47115-9016 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Sr Dir Procure Sys & Cap Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joel W Day Date of Receipt Mailing Address 2017 Spring Farms Drive 80 31 2014 City Zip Code State Transaction ID: PR1094193135103 IN Floyds Knobs 47119-9723 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation SVP CFO NCD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 630.00 Other (specify) 510.00 SUBTOTAL of Receipts This Page (optional).....

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	FOF	R LINE	NU	IMBER	:	PAGE	•	11 O	F	35
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Susan Moss Date of Receipt Mailing Address 161 Westwind Road 31 2014 City State Zip Code Transaction ID: PR1094193335103 40207-1545 KY Louisville Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation SVP Mktg & Communications Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 680.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael C Lozier Date of Receipt Mailing Address 7028 Westridge Forest Court 08 31 2014 City State Zip Code Transaction ID: PR1094193735103 IN 47136-9468 Lanesville Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Sr Dir Purch Contract Adm Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Michael Grannan Date of Receipt Mailing Address 7109 Cannonade Court 80 31 2014 City State Zip Code Transaction ID: PR1094193935103 KY Prospect 40059-9332 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation

180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

595.00

VP Purchasing

Aggregate Year-to-Date ▼

P/R Deduction (\$35.00 Bi-Weekly)

Kindred Healthcare Inc.

Other (specify)

General

Primary

Receipt For:

	FOR	LINE I	MBER	PAGE	1	2	OF	3	5			
Use separate schedule(s)	(che	check only one)										
for each category of the Detailed Summary Page		11a		11b		11c		12				
		13		14		15		16			17	
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Mary Suzanne Riedman Date of Receipt Mailing Address 4308 Hampton Creek Drive 31 2014 City State Zip Code Transaction ID: PR1094194235103 KY Louisville 40241-6423 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Gen Coun & CDO Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary L Dennison Date of Receipt Mailing Address 4678 Mount Eden Road 08 31 2014 City State Zip Code Transaction ID: PR1094194835103 Shelbyville KY 40065-9331 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Mgr Reimbursement Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael J Bean Date of Receipt Mailing Address 4304 Hill Top Road 80 31 2014 City State Zip Code Transaction ID: PR1094195135103 KY Louisville 40207-2222 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation VP Tax Kindred Healthcare Inc. Receipt For:

160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

680.00

Aggregate Year-to-Date ▼

P/R Deduction (\$40.00 Bi-Weekly)

Primary

Other (specify)

General

	FC	FOR LINE NUMBER: PAGE 13 OF										
Use separate schedule(s)	(cł	ne	ck only	or	ıe)							
for each category of the Detailed Summary Page	[:	X	11a		11b		11c		12			
			13		14		15		16		17	

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Anne S Woods		Date of Receipt
Mailing Address 7420 Falls Ridge Ct.		08 31 2014
City	State Zip Code	Transaction ID : PR1094195435103
Louisville	KY 40241-6400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer	Occupation	-
Kindred Healthcare Inc.	VP Internal Audit	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	P/R Deduction (\$45.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. John Lucchese		Date of Receipt
Mailing Address 14401 Broad Oak Place		08 31 2014
City	State Zip Code	Transaction ID: PR1094195935103
Louisville	KY 40245-5136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	192.00
Name of Employer	Occupation	1
Kindred Healthcare Inc.	SVP & Chief Accting Off	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1632.00	P/R Deduction (\$96.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Rose M Michels		Date of Receipt
Mailing Address 6503 Chenoweth Run Road		08 31 2014
City	State Zip Code	Transaction ID : PR1094196035103
Louisville	KY 40299-5147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
Kindred Healthcare Inc.	Sr Dir Tax Compliance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.00	P/R Deduction (\$15.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		312.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 14 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Joseph Landenwich Date of Receipt Mailing Address 1822 Casselberry Road 2014 31 City Zip Code State Transaction ID: PR1094196335103 KY Louisville 40205-1632 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Name of Employer Occupation Co Gen Counsel & Corp Sec Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$60.00 Bi-Weekly) 1020.00 Other (specify) Full Name (Last, First, Middle Initial) B. Arthur L Rothgerber Date of Receipt Mailing Address 8325 Regency Woods Way 08 31 2014 City State Zip Code Transaction ID: PR1094196435103 KY Louisville 40220-3817 Amount of Each Receipt this Period FEC ID number of contributing 46.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. **SVP** Reimbursement Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$23.00 Bi-Weekly) 391.00 Other (specify) Full Name (Last, First, Middle Initial) c. Linda M O'Bryan Date of Receipt Mailing Address 1614 Sylvan Way 80 31 2014 City Zip Code State Transaction ID: PR1094196735103 KY Louisville 40205-2437 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP Patient Care & Qual HD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) 206.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15 OF 35 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
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			e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	•												
Kindred Healthcare, Inc. PAC	<i></i>												
Full Name (Last, First, Middle Initial) 1. Douglas Curnutte			Date of Receipt										
Mailing Address 1014 Springside Way			M = M / D = D / Y = Y = Y										
City	Ctoto	Zip Code	08 31 2014										
Louisville	State KY	40223-3786	Transaction ID : PR1094197235103 Amount of Each Receipt this Period										
FEC ID number of contributing													
federal political committee.	C		30.00										
Name of Employer	Occupation												
Kindred Healthcare Inc. Receipt For:	SVP Corpo												
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)										
Other (specify) ▼		255.00	The Boddon (#10.00 B) Woonly)										
Full Name (Last, First, Middle Initial) 3. Brian L Caudill			Date of Receipt										
Mailing Address 1647 Beechwood Avenue			M = M / D = D / Y = Y = Y										
		7:- Code	08 31 2014										
City Louisville	State KY	Zip Code 40204-1321	Transaction ID : PR1094197335103 Amount of Each Receipt this Period										
FEC ID number of contributing		10201 1021	Amount of Lacif neceipt this Period										
federal political committee.	С		52.00										
Name of Employer Kindred Healthcare Inc.	Occupation												
Receipt For:	Sr Dir HD R												
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$26.00 Bi-Weekly)										
Other (specify) ▼		442.00	Doddon (w20.00 Di Woonly)										
Full Name (Last, First, Middle Initial)	1		Date of Receipt										
Mailing Address 9103 Lexington Lane			08 31 _ 2014 _										
City	State	Zip Code	Transaction ID : PR1094198035103										
Louisville	KY	40241-2423	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer	Occupation												
Kindred Healthcare Inc.	EVPStrateg	yPolicy&IntCare											
Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Deduction (\$400.00 B) M										
Other (specify) ▼		3269.10	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optiona	l)		466.60										
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FOR LINE NUMBER: PAGE 16 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Michael Comer Date of Receipt Mailing Address 12 Lewis 2014 31 City Zip Code State Transaction ID: PR1094200435103 CA 92620-3362 Irvine Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation VP & CFO West Reg HD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 595.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven Monaghan Date of Receipt Mailing Address 222 East Witherspoon Drive #1203 08 31 2014 City State Zip Code Transaction ID: PR1094200735103 KY Louisville 40202-6318 Amount of Each Receipt this Period FEC ID number of contributing 312.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. President-HD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$156.00 Bi-Weekly) 2492.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Miner Date of Receipt Mailing Address 4730 Dunnie Drive 80 31 2014 City State Zip Code Transaction ID: PR1094202135103 FL Tampa 33614-1496 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Sr CFO I Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) 422.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 1	1a		11b	11c	12					
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Any information copied from such Reports and sor for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC												
Full Name (Last, First, Middle Initial) A. Julie Feasel			Da	te of	Red	ceipt						
Mailing Address 6211 Iroquios Ct.			08 31 2014									
City Odessa	State FL	Zip Code 33556-3325						20303510				
	1 -	30000 3020	Am	nount	of I	⊨ach F	receipt th	nis Perioc				
FEC ID number of contributing federal political committee.	FEC ID number of contributing ederal political committee.											
Name of Employer	Occupation											
Kindred Healthcare Inc.	DVP HD											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		255.00	P/R	Dedu	ıctic	on (\$15	.00 Bi-W	eekly)				
Full Name (Last, First, Middle Initial) 3. Charles D Doten			Da	te of	Red	ceipt						
Mailing Address 7644 Harbour Blvd.				08	/	31	/ Y	2014	Y			
City	State	Zip Code	Ti	ransa	ctio	on ID :	PR1094	20363510	3			
Miramar	FL	33023-6566	Am	nount	of I	Each F	Receipt th	nis Perioc	l			
FEC ID number of contributing federal political committee.	С			60.00								
Name of Employer Kindred Healthcare Inc.	Occupation Chief Execu											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Bi-Weekly)									
Full Name (Last, First, Middle Initial) C. Timothy L Simpson		7 7	Do	to of	Do	o o int						
Mailing Address 2924 Majestic Oaks Lane			M	te of 08	ne(31) / Y	2014	Y			
City	State	Zip Code	Т	ransa	acti	on ID :	PR1094	2043351)3			
Green Cove Springs	FL	32043-8329	Am	nount	of I	Each F	Receipt th	nis Period				
FEC ID number of contributing federal political committee.	С					,		40	0.00			
Name of Employer	Occupation											
Kindred Healthcare Inc.	DVP HD											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		320.00	P/R	Dedu	uctic	on (\$20	.00 Bi-W	eekly)				
SUBTOTAL of Receipts This Page (optional)						, ,		130	.00			
TOTAL This Period (last page this line number	only)					, ,						

FOR LINE NUMBER: PAGE 18 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) E. Jane Jackson Date of Receipt Mailing Address 43171 Buttermere Terrace 2014 31 City Zip Code State Transaction ID: PR1094205135103 VA Ashburn 20147-3722 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Dir Business Implement Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Anita Tillery Date of Receipt Mailing Address 3512 Raytee Drive 08 31 2014 City State Zip Code Transaction ID: PR1094211035103 VA Chesapeake 23323-1232 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Executive Dir II Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna M Nackers Date of Receipt Mailing Address 1760 Waters Ferry Drive 80 31 2014 City Zip Code State Transaction ID: PR1094212535103 GA Lawrenceville 30043-3176 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Reg Mgr Operational Reimb Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 19 OF 35 Use separate schedule(s) (check only one)

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		13 14 15 16 17										
Any information copied from such Reports and Statements or for commercial purposes, other than using the name are												
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC												
Full Name (Last, First, Middle Initial) A. Michael W Beal		Date of Receipt										
Mailing Address 2811 #203 Danzig Place		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
City State Louisville KY	Zip Code 40223	Transaction ID : PR1094214135103										
	40223	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.		40.00										
Name of Employer Occupa	ation											
	ent NCD											
	gate Year-to-Date ▼											
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) 3. Julie Butenko		Date of Receipt										
Mailing Address 1835 Franklin Street # 303		08 31 2014										
City State	'	Transaction ID : PR1094216935103										
San Francisco CA	94109-3455	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.		40.00										
Name of Employer Kindred Healthcare, Inc DVP NO												
Receipt For: Primary General Other (specify) ▼ Aggreg	gate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) C. Gloria J Miller		Date of Receipt										
Mailing Address 3528 Rhett Butler Place		08 31 2014										
City State	'	Transaction ID : PR1094222135103										
Charlotte NC	28270-4424	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.		40.00										
Name of Employer Occupa	ation											
Kindred Healthcare Inc. DVP No.	CD											
	gate Year-to-Date ▼											
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)		120.00										
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Ronald D Long Date of Receipt Mailing Address 148 Cheyenne Road 31 2014 City State Zip Code Transaction ID: PR1094224535103 KY 40065-1930 Shelbyville Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Dir Contract Admin Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) Full Name (Last, First, Middle Initial) B. James E. Bell Date of Receipt Mailing Address 14213 Aiken Road 08 31 2014 City State Zip Code Transaction ID: PR1094225035103 KY Louisville 40245-4631 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Sr Dir Div Reimb HD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) Full Name (Last, First, Middle Initial) c. Catharine C Young Date of Receipt Mailing Address 6303 Deep Creek Drive 80 31 2014 City State Zip Code Transaction ID: PR1094228035103 KY Prospect 40059-9318 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP & Employment Counsel Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 21 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Mary W Miller Date of Receipt Mailing Address 3201 Vista Verde Lane SW 2014 31 City Zip Code State Transaction ID: PR1094228435103 WA Tumwater 98512-1444 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Clinical Impl Cnslt Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia M McGillan Date of Receipt Mailing Address 510 Altagate Rd 08 31 2014 City State Zip Code Transaction ID: PR1094229935103 KY 40206-2969 Louisville Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. VP Pat Saf & Reg Compl HD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Bi-Weekly) 510.00 Other (specify) Full Name (Last, First, Middle Initial) c. Pete Kalmey Date of Receipt Mailing Address 3502 Hedgewick Place 80 31 2014 City Zip Code State Transaction ID: PR1094232035103 KY Louisville 40245-8497 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Chief Operating Officer H Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

	FO	R LINE	NU	IMBER	:	PAGE	2	22 OF	35
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for each category of the Detailed Summary Page	>	1 1a		11b		11c		12	
		13		14		15		16	17

NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Mary J Yesue		Date of Receipt
Mailing Address P. O. Box 921		08 31 2014
City	State Zip Code	Transaction ID : PR1094232135103
York Harbor	ME 03911-0921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Kindred Healthcare Inc.	Dist Dir Clinical Ops	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	255.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Edward J Goddard		Date of Receipt
Mailing Address 32 Peters Lane		08 31 _2014 _
City	State Zip Code	Transaction ID : PR1094233535103
Wrentham	MA 02093-1036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	-
Kindred Healthcare Inc.	VP Labor Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Tamila Johnson-White		Data of Pagaint
Mailing Address 2615 Zhale Smith Rd.		Date of Receipt 08 31 2014
City	State Zip Code	Transaction ID : PR1094235435103
Lagrange	KY 40031-8098	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	1
Kindred Healthcare Inc.	DVP Case Mgmt NCD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi-Weekly)
UBTOTAL of Receipts This Page (optional).		110.00

FOR LINE NUMBER: PAGE 23 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Douglas Roth Date of Receipt Mailing Address 3272 E. Germania Circle 2014 31 City Zip Code State Transaction ID: PR1094237335103 UT 84093-2150 Sandy Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation VP Finance West Reg NCD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 680.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Newman Date of Receipt Mailing Address 953 Francis Avenue 08 31 2014 City State Zip Code Transaction ID: PR1094243335103 OH 43209-2419 Bexley Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. **DVP East Region HCH** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Raymond J Sierpina Date of Receipt Mailing Address 14 Westwind Road 80 31 2014 City State Zip Code Transaction ID: PR1094246635103 KY Louisville 40207-1519 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation SVP Pub Pol & Gov Affairs Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Bi-Weekly) 1700.00 Other (specify) 320.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 24 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Steven Tanner Date of Receipt Mailing Address 1059 Mt Vernon Dr 2014 31 City State Zip Code Transaction ID: PR1094246835103 IN Greenwood 46142-4718 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Market Executive Dir Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Benjamin A Breier Date of Receipt Mailing Address 5400 Farm Ridge Lane 08 31 2014 City State Zip Code Transaction ID: PR1094250935103 KY 40059-7617 Prospect Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. President&COO Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 3269.10 Other (specify) Full Name (Last, First, Middle Initial) c. Michael L. Moody Date of Receipt Mailing Address 10606 Taylor Farm Ct 80 31 2014 City State Zip Code Transaction ID: PR1135243735103 KY Prospect 40059-9580 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation **DVP HD** Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 240.00 Other (specify) 504.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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Detailed Summary Page	×	11a		11b		11c		12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Josephine Litzenberger Date of Receipt Mailing Address 11401 Dr. M.L.K. Jr. Street N. Apt 1201 2014 31 City State Zip Code Transaction ID: PR1135286935103 FL St Petersburg 33716-2313 Amount of Each Receipt this Period FEC ID number of contributing 36.00 federal political committee. Name of Employer Occupation Sr Cnslt Mgd Care Contrac Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 306.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory T Hayden Date of Receipt Mailing Address 7207 Trail Ridge Court 08 2014 31 City State Zip Code Transaction ID: PR1150400135103 KY Louisville 40241-6298 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Dir State Tax Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rachael L Parker Date of Receipt Mailing Address 70 Birch Ridge Rd 80 31 2014 City Zip Code State Transaction ID: PR1150411135103 Westford VT 05494-9788 Amount of Each Receipt this Period

106.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

350.00

С

Occupation Executive Dir II

Aggregate Year-to-Date ▼

P/R Deduction (\$10.00 Weekly)

40.00

FEC ID number of contributing

General

federal political committee.

Kindred Healthcare Inc.

Other (specify)

Name of Employer

Primary

Receipt For:

	F	OR	LINE	NU	MBER	:	PAGE	2	26	OF	35
Use separate schedule(s)	(0	he	ck only	or	ıe)						
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Pamela M Bresee Date of Receipt Mailing Address 4155 SW 192nd Avenue 31 2014 City Zip Code State Transaction ID: PR1227852435103 OR 97007-1424 Aloha Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Reg Financial Analyst Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark D. Johnson Date of Receipt Mailing Address 3011 Springcrest Drive 08 31 2014 City State Zip Code Transaction ID: PR1336786735103 KY Louisville 40241-2755 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Mgr Desktop Support Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mary D Van De Kamp Date of Receipt Mailing Address 251 Arbor Lane 80 31 2014 City Zip Code State Transaction ID: PR1408953135103 WI Green Bay 54301-1655 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation SVP Clinical Eff Care Mgt Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a 11b	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Pamela A. Adams Date of Receipt Mailing Address 5912 Mercury Dr 31 2014 City State Zip Code Transaction ID: PR1408953235103 KY Louisville 40291-2293 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Sr Dir Fin Systems Dev Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Katherine W Gilchrist Date of Receipt Mailing Address 1668 Victory Court 08 31 2014 City State Zip Code Transaction ID: PR1524244435103 KY 40059-9175 Prospect Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. SVP CFO RHB Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$75.00 Bi-Weekly) 1275.00 Other (specify) Full Name (Last, First, Middle Initial) c. David M Mikula Date of Receipt Mailing Address 4616 Hallmark Drive 80 31 2014 City State Zip Code Transaction ID: PR1774751735103 TX **Dallas** 75229-2940 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation SVP Enterprise Sales Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 840.00 Other (specify) 230.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 28 OF 35 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Philip B Ragsdell		Date of Receipt
Mailing Address 12004 Log Cabin Lane	7. O. I.	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Louisville	State Zip Code KY 40223-2218	Transaction ID : PR1784229535103
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 44.00
Kindred Healthcare	Occupation Dir Customer Supp Aggregate Year-to-Date ▼ 374.00	P/R Deduction (\$22.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Lawrence J. Toye		Date of Receipt
Mailing Address 3 September Lane		08 31 2014
City Burlington	State Zip Code MA 01803-1819	Transaction ID : PR1784230835103 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Kindred Healthears	Occupation Controller	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Carol Falo		Date of Receipt
Mailing Address 7041 Clubview Dr		08 31 2014
City Bridgeville	State Zip Code PA 15017-3600	Transaction ID : PR1784231535103 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
	Chief Clinical Off II	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		144.00
TOTAL This Period (last page this line number onl		

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	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	2	
Full Name (Last, First, Middle Initial) Kelly A Priegnitz		Date of Receipt
Mailing Address 160 South St. Gregory Ch	nurch Road	08 31 _ 2014 _
City	State Zip Code	Transaction ID : PR1950875235103
Samuels	KY 40013-7455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Kindred Healthcare, Inc.	SVP & Chief Compl Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Matthew B Steinberg		Date of Receipt
Mailing Address 9009 Anemone Drive		08 31 2014
City	State Zip Code	Transaction ID : PR1961243235103
Prospect	KY 40059-6576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Kindred Healthcare, Inc.	VP Litigation Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Jeffrey M Jasnoff		Date of Receipt
Mailing Address 9012 Coltsfoot Trace		08 31 2014
City	State Zip Code	Transaction ID : PR1961243335103
Prospect	KY 40059-7672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Kindred Healthcare, Inc.	SVP Human Resources Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	850.00	P/R Deduction (\$50.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	I)	180.00
TOTAL This Period (last page this line num	iber only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Jeffrey P Stodghill Date of Receipt Mailing Address 2002 Kenilworth Place 31 2014 City State Zip Code Transaction ID: PR1961243435103 40205-1514 KY Louisville Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation VP & Corporate Counsel Kindred Healthcare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 850.00 Other (specify) Full Name (Last, First, Middle Initial) B. James T Flowers Date of Receipt Mailing Address 4020 Gilman Avenue 08 31 2014 City State Zip Code Transaction ID: PR1975144135103 KY 40207-2112 Louisville Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation Kindred Healthcare, Inc. VP Corp Dev & Fin Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Bi-Weekly) 510.00 Other (specify) Full Name (Last, First, Middle Initial) c. Linda R Kurland Date of Receipt Mailing Address 6109 Forest Lane 80 31 2014 City State Zip Code Transaction ID: PR1983484235103 TX Fort Worth 76112-1062 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation Region Vice President SRS Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Weekly) 1600.00 Other (specify) 360.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Michael J Dixon Date of Receipt Mailing Address 2694 Whitetail Ln 31 2014 City Zip Code State Transaction ID: PR1983484335103 MO O Fallon 63368-7139 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation **DVP Sales RHB** Kindred Healthcare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Weekly) 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. James M Douthitt Date of Receipt Mailing Address 160 N Sappington Rd 08 31 2014 City State Zip Code Transaction ID: PR1983484435103 MO Saint Louis 63122-4854 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare, Inc. **SVP Operations SRS** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia M Henry Date of Receipt Mailing Address 2555 N Pearl St 80 31 2014 #502 City State Zip Code Transaction ID: PR1983484535103 TX **Dallas** 75201-2244 Amount of Each Receipt this Period FEC ID number of contributing 190.00 С federal political committee. Name of Employer Occupation EVP President RehabCare Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$95.00 Bi-Weekly) 1615.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Sherrie Sharp Date of Receipt Mailing Address 11 Talais Drive 31 2014 City Zip Code State Transaction ID: PR1983484635103 AR Little Rock 72223-9129 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Region Vice President SRS Kindred Healthcare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Weekly) 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jovena Stucker Date of Receipt Mailing Address 5851 Midnight Moon Dr 08 31 2014 City State Zip Code Transaction ID: PR1983484735103 TX Frisco 75034-0715 Amount of Each Receipt this Period FEC ID number of contributing 54.00 federal political committee. Name of Employer Occupation Kindred Healthcare, Inc. Region Vice President SRS Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$27.00 Weekly) 632.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Claire Willman Date of Receipt Mailing Address 440 Belleview Avenue 80 31 2014 City Zip Code State Transaction ID: PR1983484835103 MO Saint Louis 63119-3621 Amount of Each Receipt this Period FEC ID number of contributing 90.00 С federal political committee. Name of Employer Occupation **DVP Sales RHB** Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Weekly) 720.00 Other (specify) 194.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 33 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Stephen R Cunanan Date of Receipt Mailing Address 7913 Farm Spring Drive 2014 31 City Zip Code State Transaction ID: PR2151070235103 Prospect KY 40059-7616 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Chief People Officer Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$175.00 Bi-Weekly) 2975.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Farber Date of Receipt Mailing Address 3611 Glenview Avenue 08 31 2014 City State Zip Code Transaction ID: PR2201869635103 KY Glenview 40025-7502 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Name of Employer Occupation Kindred Healthcare, Inc. Exec VP & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 1538.40 Other (specify) Full Name (Last, First, Middle Initial) c. John David Cross Date of Receipt Mailing Address 1731 Randons Point Drive. 80 31 2014 City Zip Code State Transaction ID: PR2204224135103 TX Sugar Land 77478-4270 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation **DVP HD** Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 350.00 Other (specify) 884.60 SUBTOTAL of Receipts This Page (optional)..... 7169.80 TOTAL This Period (last page this line number only).....

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	Tallarea Freathfoare, Illo. 1770										
Α.	Full Name (Last, First, Middle Initial) Cantor for Congress	[Date of Receipt								
	Mailing Address P.O. Box 17813		08 29 2014								
	City		Transaction ID : 61635242								
	Richmond	VA	23226	Amount of Each Receipt this Period							
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of coliciting contributions from such committee. NAME OF COMMITTEE (in Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Texans for Greg Abbott Austin Amount of Each Disbursement For: Greg Abbott Office Sought: Full Name (Last, First, Middle Initial) Senate President Office Sought: House Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Transaction ID: 61437992 Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: House Office Sought: Office Sought: Full Name (Last, First, Middle Initial) Office Sought: House Office Sought: Office Sought: Full Name Category/ Type Other (specify) Type Other (specify) Full Name Category/ Type Other (specify) Type	SCHEDULE B (FEC Form 3X)	Hen congrete ashedule(s)	FOR LINE						
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Amy information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Texans for Greg Abbott City State Zip Code Ausin Tx 78767 Purpose of Disbursement Greg Abbott, GOVERNOR TX Candidate Name Greg Abbott, GOVERNOR TX State: Disbursement For: Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Cardidate Name Category: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category: Type Office Sought: House Disbursement For: Greg Abbott, GOVERNOR TX Category: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category: Type Office Sought: House Disbursement For: Greg Abbott, GOVERNOR TX Category: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category: Full Name (Last, First, Middle Initial) Category: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category: Full Name (Last, First, Middle Initial) Category: Full Name (Last, First, Middle Initial) Category: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category: Full Name (Last, First, Middle Initial) Category: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category: Full Name (Last, First, Middle Initial) Category: Full Name (Last, First									
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Texans for Greg Abbott Mailing Address PO Box 308 City State Zip Code TX 78767 Purpose of Disbursement Greg Abbott Governormal Disbursement This Period Category/ Type Office Sought: House Senate Primary General Prima									
Texans for Greg Abbott Mailing Address PO Box 308 City State Zip Code TX 78767 Purpose of Disbursement Greg Abbott, GOVERNOR TX Candidate Name Greg Abbott, GOVERNOR TX State: District: Senate Primary General Primary General Primary General President Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Pr	/ Kindred Healthcare, Inc. PAC								
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